1103067288

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED I 2011 OCT 14 AM 11: 16

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
ASHTA CHEM	1.C.A.L.S I.NG	PIOILITITICAL	ACTION				
COMMITTEE							
ADDRESS (number and street)	3509 MIDE	LE ROAD					
(Check if address		<u> </u>					
날 is changed)	ASHTABULA		10M 144	4004-			
	c	ITY	STATE	ZIP CODE			
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-r	nail address)					
(Check if address	TADAMORAS	4 TACHEMICH	LIS., GOM				
(Check if address is changed)		111111					
COMMITTEE'S WEB PAGE ADD	DRESS (LIDI)						
OSIMINITEES WEST MAE ASE		1.CACS.COM					
(Check if address is changed)	I		- - - - - - - - - - 				
2. DATE 707 2017							
3. FEC IDENTIFICATION NUMBER C.O.O.3.3.5.8.0.2							
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer THOMAS J. ADAMO							
Signature of Treasurer Date Date Date							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion	FEC FORM 1 (Revised 02/2009)			

5.

TYPE OF	COMMITTEE						
	te Committee:						
(a)							
(b) <u>[</u>	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate							
Candidate Party Affili	Office State State District						
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Co	ommittee:						
(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.						
Political	Action Committee (PAC):						
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a						
	Corporation Corporation w/o Capital Stock Labor Organization						
	Membership Organization						
	In addition, this committee is a Lobbyist/Registrant PAC.						
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fundraising Representative:							
(g)							
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
Co	ommittees Participating in Joint Fundraiser						
1.	FEC ID number						
2.	FEC ID number						
3.	FEC ID number						
4.	FEC ID number						

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Write or Type Committee Nam	18				
ASHTA CHEM	ICAS 1	NC POU	TICAL A	CT/or	COMMITTEE
					or Leadership PAC Sponsor
A					
AISHTA ICHEM	1/CAC \$ 1/	ma			
Mailing Address	3509 M	MODEEN	COAD		
		1		1111	
	ASHTAB	BOCH	1	OH	1440041-
	<u>e</u> 11 - 1 - 1 - 1	CITY		STATE	ZIP CODE
Dalakianahian V.	-d Oii []	Affilia de la Compositatorio	The same of the sa	D	in Til andrukin BAC Conserv
Relationship: X Connecte	o Organization	Amiliated Committee	Joint Fundraising	Representat	ive Leadership PAC Sponsor
					
Custodian of Records: Ide books and records.	intify by name, addre	ess (phone number -	- optional) and positi	on of the pe	rson in possession of committee
وسيد		4			
Full Name	MAS JA	DAMO			
Mailing Address	13509 N	110016	ROAD		
				1111	1111111
	ASHTAL	BUCA		OH	44004-
Title or Position		CITY		STATE	ZIP CODE
. .					
TREASURER	, 1		Telephone nun	nber 1/2	10-1997-15221
 Treasurer: List the name at any designated agent (e.g., 	••		the treasurer of the	committee;	and the name and address of
Full Name of Treasurer	MAS J. A	DAMO			1111111
Mailing Address	3509 M	MODLE 1	GOAD	1.1.1.1	
	ASHTAL	346A		01	14401081-1
Tille on Decision	**************************************	CITY		STATE	ZIP CODE
Title or Position TAEASUAEA		, , , , }	Telephone num	nber 1919	401-19971-15221

CITY

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ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

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Mailing Address

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate the second sec	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Cor	nfirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	f Receipt or Postmarked
Chup.	10/14/11
PREPARER (3/2005)	DATE PREPARED